

GENERAL RELIEF GOOD CAUSE DETERMINATION

CASE NAME	EMPLOYABLE PERSON (If different)	CASE NUMBER	DISTRICT	FILE NO.
-----------	----------------------------------	-------------	----------	----------

ELIGIBILITY WORKER (EW)/HEARING OFFICER(HO)/GROW CASE MANAGER(GCM) COMPLETES THIS FORM TO DOCUMENT GOOD CAUSE WHENEVER WORK REQUIREMENTS ARE NOT MET, INCLUDING REFUSING A JOB, QUITTING OR BEING FIRED FROM A JOB (GR REGULATION 41-409.5 and 41-409.6a through j.). IF ANY OF THE BOXES IN SECTION I BELOW ARE CHECKED, GENERAL RELIEF SHALL NOT BE DENIED, TERMINATED, OR THE PENALTY APPLIED. SEE IMPORTANT PENALTY INFORMATION ON THE REVERSE SIDE OF THIS FORM.

SECTION I - CHECKLIST

<div>1. <input checked="" type="checkbox"/> PHYSICAL/MENTAL LIMITATION (41-409.6a) <input checked="" type="checkbox"/> Mentally confused. (Verified by observation) <input checked="" type="checkbox"/> Unable to read, write, understand and/or follow instructions. (Verified by observation) <input checked="" type="checkbox"/> Emotionally disturbed as evidenced by inappropriate behavior and responses. (Verified by observation) <input checked="" type="checkbox"/> Physically unable to perform the duties of the assigned work project. <input checked="" type="checkbox"/> Mistake or inadvertence as opposed to willfulness. (PA 853, "Affidavit," is required)</div> <div>2. <input checked="" type="checkbox"/> ILLNESS (41-409.6b) <input checked="" type="checkbox"/> Temporary/short-term illness of either the employable participant or his/her family member who needs care by the employable participant. (participant's statement is sufficient) <input checked="" type="checkbox"/> Participant appears to be abusing this excuse, PA 593, "General Relief Requirement to Provide Medical Verification," is issued (date) _____ <input checked="" type="checkbox"/> Temporary/short-term illness of either the employable participant or his/her family member when the PA 593 has been issued. (Medical verification is required) <input checked="" type="checkbox"/> Illness of the employable participant that is expected to last more than 30 days. (Referral to the contracted health facility is required) <input checked="" type="checkbox"/> Illness of the employable participant's family member that is expected to last more than 30 days. (Medical verification is required).</div> <div>3. <input checked="" type="checkbox"/> MEDICAL/DENTAL APPOINTMENT(S) WHICH CANNOT BE RESCHEDULED (41-409.6c) * (Verification is <u>required</u>).</div> <div>4. <input checked="" type="checkbox"/> TRANSPORTATION (41-409.6d) <input checked="" type="checkbox"/> Travel time exceeds one hour each way. (Client's statement is sufficient) <input checked="" type="checkbox"/> GR check delayed and no money for transportation. (EW/GCM and participant's statement is sufficient) <input checked="" type="checkbox"/> Bus does not run early enough to arrive at GROW activity, job-related appointment or job on time. (Participant's statement is sufficient)</div>	<div>5. <input checked="" type="checkbox"/> EMPLOYMENT (41-409.6e-g) <input checked="" type="checkbox"/> Job interview scheduled on same day as district office appointment (Participant's statement is sufficient) <input checked="" type="checkbox"/> Conflict with part-time employment. (Participant's statement is sufficient) <input checked="" type="checkbox"/> Does not comply with State minimum wage standards. (Contact with employer is required)</div> <div>6. <input checked="" type="checkbox"/> COURT/LAW ENFORCEMENT (41-409.6h) <input checked="" type="checkbox"/> Court appearance. (Verification required) <input checked="" type="checkbox"/> Detained by law enforcement official. (Verification is required) <input checked="" type="checkbox"/> Incarcerated. (Verification is required)</div> <div>7. <input checked="" type="checkbox"/> DEATH IN IMMEDIATE FAMILY (41-409.6i) <input checked="" type="checkbox"/> Death of employable participant's spouse, child, step-child, mother, step-mother, father, step-father, brother, sister, grandmother, grandfather. (Verification is required)</div> <div>8. <input checked="" type="checkbox"/> DISCRIMINATION (41.409.6j) <input checked="" type="checkbox"/> Discriminated against based on race, color, national origin, political affiliation, religion, marital status, sex, age, or handicap. (PA 853, "Affidavit," is required.)</div> <div>9. <input checked="" type="checkbox"/> OTHER (DOCUMENTATION/VERIFICATION IS REQUIRED) Explain: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ *DOES NOT APPLY FOR REFUSAL OF A JOB, QUITTING A JOB OR GETTING FIRED FROM A JOB.</div>
---	--

SECTION II - DOCUMENTATION/ VERIFICATION

Describe method used to document/verify good cause; e.g., phone call to doctor on (date), note from probation officer (date), hospital discharge papers, PA 853, Affidavit: _____

SECTION III - DETERMINATION

GOOD CAUSE CRITERIA MET: YES ☒ NO ☒ If no, explain. _____

ES/GSS SIGNATURE

TITLE

DATE

Instructions for completion on reverse side.

FILE: Employability Folder
RETENTION: Permanent